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2  
3 BILL NO. R-75-05- 40

4 RESOLUTION NO. R- 36-75

5 A RESOLUTION authorizing the Department of  
6 Community Development and Planning to apply  
7 for a Comprehensive Planning Grant from HUD

8 WHEREAS, The Department of Housing and Urban Development has  
9 available funds for grants to communities for the establishment of Overall Pro-  
10 gram Designs to improve the decision-making process of their respective  
11 governments with special attention being given to the coordination of planning  
12 between the different agencies of the City and between the City and other  
13 agencies with which it must work; and  
14

15 WHEREAS, the maximum cost of establishing such an Overall Pro-  
16 gram Design would be \$37,500.00 of federal funds, to be paid by the Department  
17 of Housing and Urban Development, and not less than one-third additional match-  
18 ing funds provided by the City of Fort Wayne from monies already budgeted for  
19 such purpose.  
20

21 NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF  
22 THE CITY OF FORT WAYNE, INDIANA:

23 That the Department of Community Development and Planning of  
24 the City of Fort Wayne is hereby authorized to apply for such a grant.

25  
26   
27 Councilman

28  
29  
30  
31  
32  
33  
34 APPROVED AS TO FORM  
AND LEGALITY

35   
CITY ATTORNEY

Read the first time in full and on motion by \_\_\_\_\_, seconded by \_\_\_\_\_, and duly adopted, read the second time by title and referred to the Committee on \_\_\_\_\_ (and the City Plan Commission for recommendation) and Public Hearing to be held after due legal notice, at the Council Chambers, City-County Building, Fort Wayne, Indiana, on \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 197\_\_\_\_\_, at \_\_\_\_\_ o'clock P.M., E.S.T.

Date: \_\_\_\_\_ CITY CLERK

Read the third time in full and on motion by V. Schmidt, seconded by Graus, and duly adopted, placed on its passage.  
Passed (~~lost~~) by the following vote:

	AYES	NAYS	ABSTAINED	ABSENT	TO-WIT
TOTAL VOTES	<u>8</u>	<u>      </u>	<u>      </u>	<u>1</u>	<u>      </u>
BURNS	✓	_____	_____	_____	_____
HINGA	✓	_____	_____	_____	_____
KRAUS	✓	_____	_____	_____	_____
MOSES	✓	_____	_____	_____	_____
NUCKOLS	_____	_____	_____	✓	_____
SCHMIDT, D.	✓	_____	_____	_____	_____
SCHMIDT, V.	✓	_____	_____	_____	_____
STIER	✓	_____	_____	_____	_____
TALARICO	✓	_____	_____	_____	_____

DATE: 5-27-75

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana,

as (Zoning Map) (General) (Annexation) (~~Special~~) (Appropriation) Ordinance

(Resolution) No. R-36-75 on the 27th day of May, 1975.

ATTEST:  
Charles W. Westermon  
CITY CLERK  
Chief Deputy City Clerk

(SEAL)  
James Stier  
PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 28th day of May, 1975, at the hour of 11:30 o'clock A. M., E.S.T.

Approved and signed by me this 28th day of May, 1975, at the hour of 11:30 o'clock A. M., E.S.T.

James Stier  
MAYOR

## INSTRUCTIONS (Part I)

*The following instructions have been modified to adapt them to the requirements of the Comprehensive Planning Assistance (701) Program.*

*This form shall be used for all Comprehensive Planning Assistance requests and also to request supplemental assistance, to propose changes or amendments, and to request continuation or refunding for approved grants originally submitted on this form. Applicants in the Boston Federal Region (I) and in the Dallas Federal Region (VI) shall use Form FRC-1, "Cover Sheet for Federal Grant Application/Award Notification," in lieu of this form.*

*Submit the original and two copies of this form. If an item cannot be answered or does not appear to be related or relevant to the assistance required, write "NA" for "not applicable." When a request is made for supplemental assistance, amendments or changes to an approved grant, submit only those pages which are appropriate.*

**ITEM 1** — Enter the State clearinghouse identifier. This is the code or number assigned by the State clearinghouse pursuant to Attachment D, Office of Management and Budget Circular No. A-95.

**ITEM 2** — Enter the applicant's application number or other identifier. If a preapplication was submitted, show also the number that appeared on the preapplication if different than the application number.

**ITEM 3** — Enter Department of Housing and Urban Development, the name of the HUD Field Office to which the application is addressed, the name of the administrative office having direct operational responsibility for managing the grant program, and the complete address.

**ITEM 4** — Enter the name of the applicant, the name of the primary organizational unit which will undertake the grant supported activity, and the complete address of the applicant.

**ITEM 5** — Enter the descriptive name of this project.

**ITEM 6** — Enter the 701 catalog number (14.203) as shown in the Catalog of Federal Domestic Assistance. If the assistance will pertain to more than one catalog number, leave this space blank and list the catalog numbers under Section A of the Budget.

**ITEM 7** — Enter the amount that is requested from the Federal Government in this application. This amount should agree with the total amount shown on the Budget in Section A, Column (e). For revisions, changes, or amendments, show only the amount of the increase or decrease.

**ITEM 8** — Check one grantee (applicant) type. If the grantee is other than State, county, or city government, specify the type of grantee on the "Other" line. Examples of other types of grantees are metropolitan or non-metropolitan agencies, Indian reservations, etc.

**ITEM 9** — Check the type of application or request. If the "Other Changes" block is checked, specify the type of change. The definitions for terms used in Item 9 are as follows:

- a. New Grant — an action which is being submitted by the applicant for the first time.
- b. Supplemental Grant — an action which pertains to an increase in the amount of the Federal contribution for the same period.
- c. Changes in the existing grant — specify one or more of the following:
  - (1) Increase in duration — a request to extend the grant period.
  - (2) Decrease in duration — a request to reduce the grant period.
  - (3) Decrease in amount — a request to decrease the amount of the Federal and/or non-Federal contribution.

**ITEM 10** — Check the type of assistance requested. If the assistance involves more than one type, check two or more blocks and explain in the program narrative.

**ITEM 11** — Not applicable.

**ITEM 12** — a. Enter the Congressional District in which the applicant is located.

- b. Enter the Congressional District(s) included in whole or in part within the applicant's jurisdiction.

**ITEM 13** — Enter the number of months that will be needed to complete the project after Federal funds are made available.

**ITEM 14** — Enter the approximate date the project is expected to begin.

**ITEM 15** — Enter the date this application is submitted.

**ITEM 16** — Complete the certification before submitting the report.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
COMPREHENSIVE PLANNING ASSISTANCE PROGRAMAPPLICATION FOR FEDERAL ASSISTANCE  
(Nonconstruction Programs)  
(Part I)

1. STATE CLEARINGHOUSE IDENTIFIER

2. APPLICANT'S APPLICATION NUMBER

## 3. FEDERAL GRANTOR AGENCY

Department of Housing &amp; Urban Development

## ORGANIZATIONAL UNIT

Indianapolis Area Office

## ADMINISTRATIVE OFFICE

Planning and Relocation

## STREET ADDRESS - P.O. BOX

4720 Kingsway Drive

## CITY

## STATE

## ZIP CODE

Indianapolis

Indiana

46205

## 4. APPLICANT NAME

City of Fort Wayne

## DEPARTMENT DIVISION

Community Development &amp; Planning

## STREET ADDRESS - P.O. BOX

9th. Floor City-County Building

## CITY

## COUNTY

Fort Wayne

Allen

## STATE

## ZIP CODE

Indiana

46802

## 5. DESCRIPTIVE NAME OF THE PROJECT

OVERALL PROGRAM DESIGN - COMPREHENSIVE PLANNING ASSISTANCE

## 6. FEDERAL CATALOG NUMBER

14,203

## 7. FEDERAL FUNDING REQUESTED

\$

## 8. GRANTEE TYPE

☐ State☐ County☒ City☐ Other (Specify) \_\_\_\_\_

## 9. TYPE OF APPLICATION OR REQUEST

☐ New Grant☒ Continuation☐ Supplement☐ Other Changes (Specify) \_\_\_\_\_

## 10. TYPE OF ASSISTANCE

☒ Grant☐ Loan☐ Other (Specify) \_\_\_\_\_

## 11. POPULATION DIRECTLY BENEFITING FROM THE PROJECT

N/A

## 13. LENGTH OF PROJECT

12 Months

## 12. CONGRESSIONAL DISTRICT

a. Indiana 4th.

b.

## 14. BEGINNING DATE

January 1, 1976

## 15. DATE OF APPLICATION

Indiana 4th.

April 11, 1975

## 16.

The applicant certifies that to the best of his knowledge and belief the data in this application are true and correct, and that he will comply with the attached assurances if he receives the grant.

## TYPED NAME

E. Owen Donnelly

## TITLE

Director, Community Development &amp; Planning

## SIGNATURE OF AUTHORIZED REPRESENTATIVE



## TELEPHONE NUMBER

## AREA CODE

## NUMBER

## EXTENSION

219

423-7708

FOR FEDERAL USE ONLY

## INSTRUCTIONS (Part II)

Enter project number, if known, name of applicant, date and applicant type (i.e., State, metro, large city, etc.) in the space provided.

These instructions provide for listing of HUD assisted and HUD financially related activities followed by a listing of the balance of the activities included in the OPD. The HUD and non-HUD portions should be totaled separately with a grand total at the end of the report.

List only those subcategories to be financed in part with 701 funds or with local funds to be used as required non-Federal matching funds for 701. For subcategories to be financed by HUD and one or more other Federal agencies, list those work elements (or subelements, if necessary) to be assisted by HUD.

Applicants requesting funds for subgrants need not complete Columns 5, 6 and 7 for costs related to subgrant activities. In such cases, they need only enter the Federal grant amount and total cost, by objective for each subgrantee category.

COLUMN 1 — Enter the subcategory reference number.

COLUMN 2 — Enter the subcategory title or if the subcategory is to be assisted by more than one Federal source, enter the reference numbers of the work elements to be assisted by HUD.

COLUMN 3 — Enter Federal Program (701) or other funding source from which financial assistance is anticipated, (i.e., local or other non-Federal sources, etc.).

COLUMN 4 — Enter Federal grant amount, if any.

COLUMN 5 — Enter estimated man-months and cost for personnel (in-house staff) to complete first year activities.

COLUMN 6 — Enter estimated man-months and cost for contractual services to complete first year activities.

COLUMN 7 — Enter other direct costs (costs not applicable to Columns 5 or 6 and not included in overhead costs). (The purpose of costs entered in this column should be identified in the text of the OPD.)

COLUMN 8 — Enter total of Column's 5, 6 and 7.

COLUMN 9 — Enter estimated demand for 701 and non-Federal funds in second year of the program.

COLUMN 10 — Enter estimated demand for 701 and non-Federal funds in third year of the program.

Total all the HUD assisted subcategories and leave two lines blank.

List all non-HUD assisted subcategories (and work elements for split subcategories) including those to be financed with local funds not representing non-Federal match of 701 funds. Total all non-HUD assisted subcategories.

Enter Grand Total of all Columns.





U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
COMPREHENSIVE PLANNING ASSISTANCE PROGRAM

## APPLICATION FOR FEDERAL ASSISTANCE

DATE

APRIL 1975

PROJECT NUMBER

Page 2 of 2

APPLICANT

CITY OF FORT WAYNE

APPLICANT TYPE

Large City

## BALANCE OF O.P.D. WORK ELEMENTS

## PART II - ANNUAL WORK PROGRAM SUMMARY

BALANCE OF C.F.D. WORK ELEMENTS													
REFERENCE NUMBER (1)	SUBCATEGORY TITLE OR WORK ELEMENT REFERENCE NUMBER (2)	FUNDING SOURCE (3)	FEDERAL GRANT AMOUNT (4)	PERSONNEL (5)		CONTRACTUAL (6)		OTHER COSTS (7)	TOTAL COSTS (8)	ESTIMATED DEMAND (000's)			
				MAN MOS.	COST	MAN MOS.	COST			(9) 2ND YEAR		(10) 3RD YEAR	
										FED.	NON-FED.	FED.	NON-FED.
201	CBD Plan	Local		8.5	10,950				10,950		10,950		10950
202	Public CBD Act.	Local		12	18,000				18,000		18,000		18000
203	Private CBD Act.	Local		7	10,500				10,500		10,500		10500
204	Improvement Assoc.	Local		3	2,700				2,700		2,700		2700
301	Open Space	Local		1	1,500				1,500		750		
306	Park Plan	Local		6.5	9,750				9,750		9,750		9750
501	Housing Asst.	Local		8	12,000				12,000		12,000		12000
502	Housing Code	Local		2	3,000				3,000		3,000		3000
503	Home Ownership	Local		4	6,000				6,000		6,000		6000
504	Senior Citizen Ctn.	Local		3	3,300				3,300	1000			
505	Homesteading	Local		2	3,000				3,000		2,000		1500
506	Public Housing	Local		4	6,000				6,000		6,000		6000
507	Rehabilitation Loan	Local		2	3,000				3,000		3,000		
508	Housing - Private	Local		3	4,500				4,500		4,500		4500
601	Transp. Plan.	Local		4	6,000				6,000		6,000		6000
603	Short Range Plan.	Local		7.5	11,250				11,250		11,250		11250
604	Transp. Plan.	Local		5.5	6,950				6,950	1300	6,950	1300	6950
102	Community Renewal	Local		3	29,250				29,250		29,250		29250
TOTAL					147650				147650	2300	142600	1300	138850

INSTRUCTIONS FOR PREPARATION OF  
ANNUAL GRANT BUDGET  
(Part III)

**GENERAL INSTRUCTIONS:**

The Budget must accompany each application (original and 2 copies) and each request for an amendment to an approved grant affecting project cost or period.

If funds requested are partially 2/3 - 3/4 (combined) prepare a separate budget for the 2/3 and 3/4 portions and a summary Budget combining the 2/3 and 3/4 request. Check combined under Section F to indicate the summary sheet.

**SECTION A - BUDGET SUMMARY:**

Column (a) - Enter appropriate allocation category (one or more) from the following list:

1. State - Statewide planning and management;
2. Metro - Metropolitan areawide planning and management;
3. Large City - City (50,000 or more in population) planning and management;
4. Local Assistance - Cities and other municipalities having a population less than 50,000; counties of any population size; groups of adjacent communities having populations of less than 50,000; municipalities regardless of population size in redevelopment areas; and advisory services to sub-state organizations (Community Development Services) planning and management;
5. Non-Metro-Areawide planning and management for non-metropolitan districts, economic development districts and local development districts;
6. Other (specify) - Indian reservations, etc.

Column (b) - Enter Federal Domestic Assistance Catalog number.

Columns (c) and (d) - Leave blank.

Columns (e), (f) and (g) - Enter the appropriate amounts of funds needed to support the project for the first year. For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previously authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Totals - Show the totals for all Columns used.

**SECTION B - BUDGET CATEGORIES:**

In the Column headings (1), (2), (3), etc., enter the same allocation categories entered in Column a, Section A. Lines a through k must be completed, as appropriate, for each allocation category except for allocation categories which represent funds for sub-grants or services to be used at the discretion of the applicant (e.g., local assistance or metropolitan funds administered by the State, etc.). In the latter case the applicant need only show project inspection fee on line g (if it is to be prorated to sub-grantees), total direct charges on line i and total costs on line k. Such discretionary funds should be shown as two-thirds Federal and one-third non-Federal regardless of the fact that some of the sub-grants may be made on a three-quarter-one-quarter basis. (If actual figures are known at the time of filing the application, 2/3 and 3/4 funds should be shown as indicated under General Instructions.) A final adjusted Budget should be submitted when all sub-grants have been made and include three-quarter grants not shown on the initial or subsequently revised Budgets in accord with the General Instructions.

Line 9i - Show the totals of lines 9a and 9h in each Column.

Line 9j - Show the amount of indirect cost.

Line 9k - Enter the total of amounts of lines 9i and 9j. For all applications for new grants the total amount in line 9k, should be the same as the total amount shown in Section A, Column (g). For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in line 9k should be the same as the sum of the amounts in Section A, Columns (e) and (f).

Line 10 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by HUD in determining the total amount of the grant.

As noted above, upon final commitment of all discretionary funds, each applicant administering such funds shall submit, as necessary, a revised budget to reflect the resultant changes in non-Federal funds to be provided and total costs. In no case shall the original project inspection fee be reduced.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
COMPREHENSIVE PLANNING ASSISTANCE PROGRAM  
APPLICATION FOR FEDERAL ASSISTANCE

NAME, ADDRESS AND ZIP CODE OF APPLICANT (Include County)  
CITY OF FORT WAYNE DEPARTMENT OF COMMUNITY DEVELOPMENT

CITY/COUNTY BLDG. FORT WAYNE, INDIANA 46802 (COUNTY of Allen)

## PART III - ANNUAL GRANT BUDGET

## SECTION A - BUDGET SUMMARY

GRANT PROGRAM, FUNCTION OR ACTIVITY (a)	FEDERAL CATALOG NUMBER (b)	ESTIMATED UNOBLIGATED FUNDS		NEW OR REVISED BUDGET		TOTAL (g)
		FEDERAL (c)	NON-FEDERAL (d)	FEDERAL (e)	NON-FEDERAL (f)	
1. Comprehensive Planning Assistance	14.203	\$	\$	\$ No Change	\$ + 5317	\$ 68,317
2.						
3.						
4.						
5.						
6.						
7.						
8. TOTALS		\$	\$	\$ No Change	\$ + 5,317	\$ 68,317

## SECTION B - BUDGET CATEGORIES

9. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY							TOTAL (8)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
a. Personnel	\$ 54,734	\$	\$	\$	\$	\$	\$	\$ 54,734
b. Fringe Benefits	11,955							11,955
c. Travel	940							940
d. Equipment	100							100
e. Supplies	588							588
f. Contractual								
g. Project Inspection Fee								
h. Other								
i. Total Direct Charges								
j. Indirect Charges								
k. TOTALS	\$ 68,317	\$	\$	\$	\$	\$	\$	\$ 68,317
l. Program Income	\$	\$	\$	\$	\$	\$	\$	\$

INSTRUCTIONS FOR PREPARATION OF  
ANNUAL GRANT BUDGET  
(Part III)

(Continued)

**SECTION C — SOURCE OF NON-FEDERAL RESOURCES:**

- Lines 11-14 — Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet (see Handbook II, 6042.1 Rev., Managing a Grant, Chapter 3, Section 5).
- Column (a) — Enter the program title. A breakdown by allocation category is not necessary.
- Column (b) — Enter the amount of cash and in-kind contributions to be made by the applicant as shown in Section A.
- Column (c) — Enter the State contribution if the applicant is not a State or State agency. State applicants should leave this Column blank unless the State provides a portion of sub-grantees' non-Federal matching share.
- Column (d) — Enter the amount of cash and in-kind contributions to be made from all other sources including sub-grantees' contributions.
- Column (e) — Enter totals of Columns (b), (c), and (d).
- Line 15 — Enter the total for each of Columns (b) — (e). The amount in Column (e) should be equal to the sum of the amounts in Column (f), Section A.

**SECTION D — FORECASTED CASH NEEDS:**

- Line 16 — Enter the amount of cash needed by quarter from HUD during the first year.
- Line 17 — Enter the amount of cash from all other sources needed by quarter during the first year.
- Line 18 — Enter the totals of amounts on Lines 16 and 17.

**SECTION E — BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT:**

- Lines 19-22 — Enter in Column (a) the same grant program titles shown in Column (a), Section C. A breakdown by allocation category is not necessary. For new applications and continuing grant applications, enter in the proper Columns amounts of Federal funds which will be needed over the succeeding two years. This Section need not be completed for amendments, changes, or supplements to funds for the current year.

**SECTION F — OTHER BUDGET INFORMATION:**

Enter information requested.

- Line 24 — Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied and the total indirect expense. Explain amounts for individual direct object cost categories that may appear to be out of the ordinary.

## SECTION C - NON-FEDERAL RESOURCES

GRANT PROGRAM (a)	APPLICANT (b)	STATE (c)	OTHER SOURCES (d)	TOTALS (e)
11. Comprehensive Planning Assistance Grant	\$ 30,817	\$	\$	\$ 30,817
12.				
13.				
14.				
15. TOTALS	\$ 30,817	\$	\$	\$ 30,817

## SECTION D - FORECASTED CASH NEEDS

	TOTAL FOR 1ST. YEAR	1ST. QUARTER	2ND. QUARTER	3RD. QUARTER	4TH. QUARTER
16. Federal	\$ 37,500	\$ 10375	\$ 10375	\$ 8375	\$ 8375
17. Non-Federal	\$ 30,817	\$ 8704.25	\$ 8704.25	\$ 6704.25	\$ 6704.25
18. TOTAL	\$ 68,317	\$ 19,079.25	\$ 19,079.25	\$ 15,079.25	\$ 15,079.25

## SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

GRANT PROGRAM (a)	FUTURE FUNDING PERIODS (YEARS)			
	FIRST (b)	SECOND (c)	THIRD (d)	FOURTH (e)
19. Comprehensive Planning Assistance Grant	\$ 37,500	\$ 32,800	\$ 28050	\$
20.				
21.				
22.				
23. TOTALS	\$ 37,500	\$ 32,800	\$ 28050	\$

## SECTION F - OTHER BUDGET INFORMATION

(Attach Additional Sheets If Necessary)

PROJECT NUMBER (If known)		BUDGET NUMBER		FEDERAL SHARE BASIS <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/4 <input type="checkbox"/> Combined	
DATES OF PREVIOUS BUDGET APPROVALS (Complete only if this is a revised budget)				24. Indirect Charges:	
Budget No. 1, _____, 19____ Approved Budget (No. _____), _____, 19____					
NATURE OF REVISION		PROJECT PERIOD REQUESTED APPROVED			
<input type="checkbox"/> Project Period <input type="checkbox"/> Project Cost <input type="checkbox"/> Scope of Work		From: <u>1/1/76</u> To: <u>12/31/76</u>			

APPROVED BY:


  
(Signature)

MAYOR

(Title)

May 13, 1975

(Date)

DIGEST SHEETTITLE OF ORDINANCE Comprehensive Planning Grant9-75-05-40DEPARTMENT REQUESTING ORDINANCE Community Development & PlanningSYNOPSIS OF ORDINANCE The ordinance would authorize the Department of

Community Development and Planning to apply for a Comprehensive Planning Grant  
from the Department of Housing and Urban Development. There are \$37,500  
available to us from the Department of Housing and Urban Development.

(Continuation of an old Grant)

EFFECT OF PASSAGE The city would receive \$37,500 to establish a 1976 Overall  
Program Design.

EFFECT OF NON-PASSAGE The City would fail to receive the \$37,500 available  
from the Department of Housing and Urban Development.

MONEY INVOLVED (Direct Costs, Expenditures, Savings) The city must supply a  
one-third match or, \$18,750, which has already been budgeted for the program.  
The Department of Housing and Urban Development would furnish \$37,500.

ASSIGNED TO COMMITTEE (J.N.) Finance J.N.